## Date: \_\_\_\_\_\_ = Intervention Plan =

## Intervention Plan –Jurisdiction Aggregate Form

OMB No. 0920-0497

Expiration Date: 04/30/2004

		Juris	diction Aggregate Form		
		Complete a separate form for each type of "Other Intervention"			
[1] Jurisdiction ID:			Risk Population	[3] Primary Population	[4] Secondary Population
[2] Number of other inter this form describes:	ventions		Mark the risk population this form describes. If an intervention serves multiple risk populations, choose one primary and one secondary risk population. [See instructions for distinguishing between primary and secondary risk populations.]	<ul><li>○ MSM</li><li>○ MSM/IDU</li><li>○ IDU</li><li>○ Heterosexual</li><li>○ Mother with/at risk for</li><li>○ General Public</li></ul>	O MSM O MSM/IDU O IDU O Heterosexual O Mother with/at risk for HIV O General Public
<b> </b>					
[5]			Number of agencies to participate in	n other interventions by type	of agency:
CBO - Minority Board		Health Department	Academic Institution	Indi	vidual
CBO - Non-Minority Board		Health Department	Research Center		er Agency
Faith Community	Other	Government		(ple	ase specify)
[11] Mark the one catego	y that best describes the	other intervention to be	implemented.		
O Community Mobilization	n C	Policy Intervention			

O Additional Interventions (please specify)

Structural Intervention

Social Marketing Campaign

Community-wide Events

<sup>\*</sup>Use these variables for all interventions not reflected by the other six intervention types (see *Instructions* and Example Forms A - F).

[7] Evidence or Theory Basis for the Intervention and Justification for Application to the Target Population and Setting				
Evidence or Theory Provided	Evidence or Theory Not Provided		Sufficient Delivery Plan	
			nsufficient Delivery Plan	
	-	• •	Provided Not Provided S	

[8] Service Delivery Plan		
Sufficient Delivery Plan		
Insufficient Delivery Plan		

	[9]	Notes/Comments Field:
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